

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			CLAIMS					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP		
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50													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

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